

# **An Exploratory Study of the Nature of Family Resilience**

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## **Statement of the Research Problem**

Multi-stressed families often exhibit family dysfunction, but some families are resilient. They are able to maintain or return to above average functioning despite experiencing increased stress. Identifying the factors that influence this resilience can provide a framework for better assessing and helping at-risk families. Hawley & DeHaan (1996) suggested that

family resilience describes the path a family follows as it adapts and prospers in the face of stress, both in the present and over time. Resilient families respond positively to these conditions in unique ways, depending on the context, developmental level, the interactive combinations of risk and protective factors, and the family's shared outlook (p. 293).

This definition is supported by theoretical perspectives that conceptualize family resilience separately from individual resilience. Human ecology proposes that the relationships between individuals, families, and communities are fundamental components of human functioning (Bronfenbrenner, 1979). Stress and coping theory emphasizes the importance of appraising stressful events and one's capacity to address those events (Lazarus & Folkman, 1984), while studies have shown that family appraisal and coping are distinct from individual appraisal and coping (Boss, 1988; Reiss 1981).

Individual risk and resilience concepts (Garmezy, 1996; Werner & Smith, 2001) accentuate the interactions between risk factors, protective mechanisms, and developmental outcomes. McCubbin and McCubbin (1993) proposed family adjustment and adaptation processes that describe these interactions in families. Families' ability to adjust to stress is a function of (a) vulnerability to increased stresses, (b) current family problem solving capacities, (c) the meaning that the family ascribes to the stress, and (d) the presence of supportive resources. Maladjustment can lead to an intolerable increase in stressors and push a family into a crisis that challenges the members' functioning competence. Such changes may require reassessing the family's ability to appraise their capabilities and the use of internal and/or environmental resources in order to develop new problem-solving methods. Walsh (1998) suggested that key family protective factors (i.e., beliefs, adaptability, cohesion, communication, and problem solving) are used to strengthen family resilience.

Although most of the research examining family resilience has referenced these theoretical explanations, defining the mechanisms of family resilience has been challenging. This study examined empirical support for a model describing the nature of family resilience.

### **Research Background and Hypotheses**

All families experience stressful events, some of which can be at catastrophic levels while others are easily managed. They include normative events such as illness or death of a family member and divorce. They also include non-normative hardships, such as disabling conditions, substance abuse, employment problems, or natural disasters. Resilience research has included qualitative designs which ask families to define their

own resilience and quantitative studies that have primarily focused on the impact of economic, social, and psychological stressors on family functioning. Intra- and extra-familial supports, open and honest family communication, positive beliefs, and flexible roles have been found to promote resilience in families (Greeff & Human, 2004; McCubbin, Balling, Possin, Friedrich, & Bryne, 2002). Supportive couples' relationships improved both parent and child adjustment to job loss and reduced incomes (Conger & Conger, 2002). Families with a mentally ill member reported the presence of family resilience, referring to family bonds, strengths, shared beliefs, and the ability to grow and have fun together (Marsh et al., 1996). A supportive family environment also reduced the negative impact of parental alcoholism on children (Barrera, Chassin, & Rogosch, 1993).

Although these studies reported the positive impact of protective factors, they also exemplified a number of limitations in family resilience research. Definitions of family resilience have been inconsistent. Some studies described the family impact on children's development. Qualitative studies asked the families to define aspects of resilience. Family functioning has sometimes been conceptualized as an outcome of resilience while at other times it is viewed as a protective factor. Studies have also tended to have a narrow focus, examining the impact of specific risk or protective factors rather than assessing reciprocal interactions between factors. Measuring family processes has also been challenging. Family functioning has often been inferred from effective functioning of individual members or defined by the judgment of an individual member.

The research aim for this study was to produce an empirically supported explanation of family resilience. Since the interface between outcomes, risk, and protective factors has not been clearly established, the following research questions were examined:

1. Can a typology of within-family protective factors be identified?
2. What is the relationship between a typology of within-family protective factors and (a) the level of risk; (b) extra-familial protective factors; (c) developmental outcomes measured by parenting and the family influence on children's self esteem; (d) parental alcohol use given the level of risk; and (e) family structure, SES, child gender, and ethnicity?
3. Does family resilience occur on a continuum?

### **Methodology**

This study used data from a NIAAA funded (RO1 AA1164701A1, Principal Investigator: T. Nochajski), bi-national (United States and Canada), experimental research study of a family-based alcohol prevention intervention program. Families with at least one child between the ages of 9 and 12 and a parent with an alcohol problem were recruited into the study ( $N = 674$ ). Study respondents consisted of parents, who were primarily female, and one child. The mean child age was 11 years with slightly more boys than girls. Demographic information is presented in Table 1. Families were recruited through treatment agencies, newspaper and poster advertisements, and by word of mouth. Informed consent forms were reviewed with all participating family members.

This study used pretest measures of risks, protective factors, and outcomes prior to families being assigned to treatment conditions. All families were at-risk due to parental alcohol abuse. A count of life events (Attar, Guerra, & Tolan, 1994) and the

level of parent drinking were also analyzed. Within-family protective factors, corresponding to Walsh's (1998) five key factors (i.e., beliefs, adaptability, cohesion, communication, and problem-solving), were measured by the Family Assessment Measure (FAM III) (Skinner, Steinhauer, & Sitarenios, 2000). Extra-familial protective factors included the number of professional services used in the previous three months (Miller et al., 2001-2005), parents' participation in voluntary community groups, parents' ratings of neighbor helpfulness (NLSCY, 1998), and children's perception of teacher caring (Dubow & Ullman, 1989). Family developmental outcomes were conceptualized as parenting and the family impact on children's self esteem (Anderson & Carter, 1974) and were measured by standardized scales. The Alabama Parenting Questionnaire (Shelton, Frick, & Wooton, 1996) evaluated positive parenting, parent-child involvement, monitoring, and discipline. Low correlations between these subscales and the family functioning protective factors indicated that they measured different constructs. Children rated their self esteem by answering ten items about how proud their parents were of them, attention they received from family, and a sense of belonging in their family (Hare, 1985). The family functioning and parenting measures combined parent and child responses to better represent family processes. Demographic characteristics such as child gender, family size, socio-economic status, and ethnicity were examined since they have been associated with resilience (Werner & Smith, 2001).

Cluster analysis using Ward's (1963) hierarchical approach was used to identify a typology of family protective factors derived from the five family functioning variables measured by the FAM III. This exploratory analysis classified families using an iterative approach in which families were grouped together according to similarities between these

variables until all families were contained in one group. The optimal number of clusters was determined by replicating the analysis (randomly splitting the sample into three parts and using results of one part to predict the results of other parts), inspecting the differences between clusters, using statistical measures, and considering theoretical meaning. Multinomial regression and MANOVA analyzed associations between that typology and risks, outside supports, developmental outcomes, and demographic characteristics. These results were examined for evidence of continuums.

### **Results**

Cluster analysis revealed three clusters of families in each of three repeated analyses. Families clustered into either above average, average, or below average groups on all five variables demonstrating a clear continuum, which is shown in Figure 2. A three cluster outcome was chosen based upon three factors. Graphical representations of cluster iterations, called dendrograms, suggested two or three clusters as optimal solutions in each analysis. The dendrogram for Group A is reproduced in Figure 1. The magnitude of changes in Pseudo- $F$  and Pseudo- $t^2$  measures suggested a three cluster solution. Conceptual utility also supported three clusters, since a two-cluster solution combined the above average and average groups, losing the ability to distinguish the differences between these groups.

Relationships were found between cluster membership and teacher caring,  $\chi^2(8, n = 269) = 19.85, p < .05$ , four parenting measures (involvement, positive parenting, monitoring, and discipline),  $F(2, 267) = 19.7$  to  $33.5, p < .001$ , and family influence on child self esteem,  $F(2, 270) = 27.9, p < .001$ . The parenting and child self esteem measures demonstrated the same above average/average/below average split as the

cluster analysis groups. There were no associations between the three clusters of protective factors and life events, current parental alcohol use, outside supports other than teacher caring, and most demographic characteristics (number of adults/children in home, child gender, SES, and country). Ethnicity, however, did have a significant influence. African American families were more likely to be in the average or above average clusters than in the below average cluster, compared to other ethnicities,  $\chi^2(2, n = 278) = 12.7, p < .01$ . This occurred despite lower SES and higher neighborhood problems and life events reported by these families. Descriptive literature suggests that African American family beliefs are a possible explanation of this result (Mosley-Howard & Evans, 2000). Cultural pride, kinship, spirituality, and high expectations for children may overcome the impact of higher levels of risk. In addition, Elder and colleagues (1995) found that African American parents were better able to use beliefs to decide parenting strategies.

Examining the overall findings, there were clear continuums in within-family protective factors and family developmental outcomes. Families clustered in above average, average, and below average groups in all the variables in these areas. The primary analysis limitations concerned the measurement of variables. The five within-family protective factors were highly correlated, ranging from  $r = .53$  between adaptability and problem-solving to  $r = .7$  between cohesion and beliefs. This may have influenced the resulting continuum. Both the life events items and the measure of current parent drinking (number of times parent was intoxicated in the past month) lacked breadth. In addition, it would be expected that the highest level of extra-familial support

would come from extended family members. However there was no data available to assess this support.

### **Utility for Social Work Practice**

Social workers have long advocated the importance of interventions with families (Hartman, 1981). Practitioners typically work with families who have experienced adverse events or risks and attempt to identify family processes that ameliorate those risks. A family resilience model, supported by the results of this study, helps to understand these processes in four ways. First, the study results advance social work knowledge about family resilience. It provides an empirically supported model for describing the interaction of risks, protective factors, and outcomes in at-risk families. Conceptualizing family functioning as a protective factor suggests a mechanism that leads to resilience, while family functioning as an outcome identifies resilience without describing how it occurred. A family resilience model also shows promise for enriching social work education about families. Its emphasis on the interactions between risk, protection, and outcomes expands the traditional developmental family perspectives. Second, these findings can help researchers and practitioners define family resilience factors. It suggests methods for measuring family protective factors and developmental outcomes. It also supports seeking the views of multiple family members in describing family processes. However, improved measurement of resilience factors and family processes is needed to strengthen these findings. In addition, longitudinal analysis of family resilience stability and influences is essential to understand and predict positive outcomes. Third, the study suggests methods for intervention. It reveals the importance of addressing family beliefs, adaptability, and cohesion in addition to the communication



and problem-solving focus of many current family interventions. Fourth, the apparent resilience of African American families indicates the importance of assessing ethnic and cultural influences when identifying family resilience processes. This study is only a beginning in exploring resilience in at-risk families, however it proposes a model that can help practitioners, researchers, and educators better understand families' ability to bounce back after crises.

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### Tables and Figures

Table 1 *Sample Characteristics*

Characteristic	Description	Total Sample	Canada	U. S.
Age	Mean Parent Age	39 years (6.3)	39.3 years (5.7)	38.6 years (6.8)
	Mean Child Age	11 years (1.3)	10.8 years (1.2)	11 years (1.3)
Gender	Female Parent	88.1%	88.6%	87.7%
	Female Child	46.7%	47.4%	46%
Ethnicity <sup>a</sup>	White/European	60.8%	88.7%	33.8%*** <sup>b</sup>
	Black/African American	34.6%	5.2%	62.9%*** <sup>b</sup>
	Native American	7.9%	11%	5%*** <sup>b</sup>
	Hispanic	3.3%	2.4%	4.1%
	Other Ethnicity	3.6%	5.1%	1.8%
Family Structure	Single Parent	45.0%	41.3%	48.5%
	Mean number of adults in family	1.85 (1.8)	1.73 (.8)	1.96 (2.4)
	Mean number of children in family	2.24 (1.4)	2.05 (1.02)	2.43*** <sup>b</sup> (1.64)
Income	Less Than \$15,000 per year	44.0%	27.8%	60.1%*** <sup>b</sup>
	More than \$30,000 per year	26.3%	47.6%	13.5%*** <sup>b</sup>
Parent Education	High School or Less	45.5%	41.3%	49.6%* <sup>b</sup>
Country	United States	50.6%		

*Note.* N = 674. Numbers in parentheses are standard deviations.

<sup>a</sup>Percentages equal more than 100% since respondents could choose more than one ethnicity.

<sup>b</sup>Differences between U.S. and Canada families. \*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

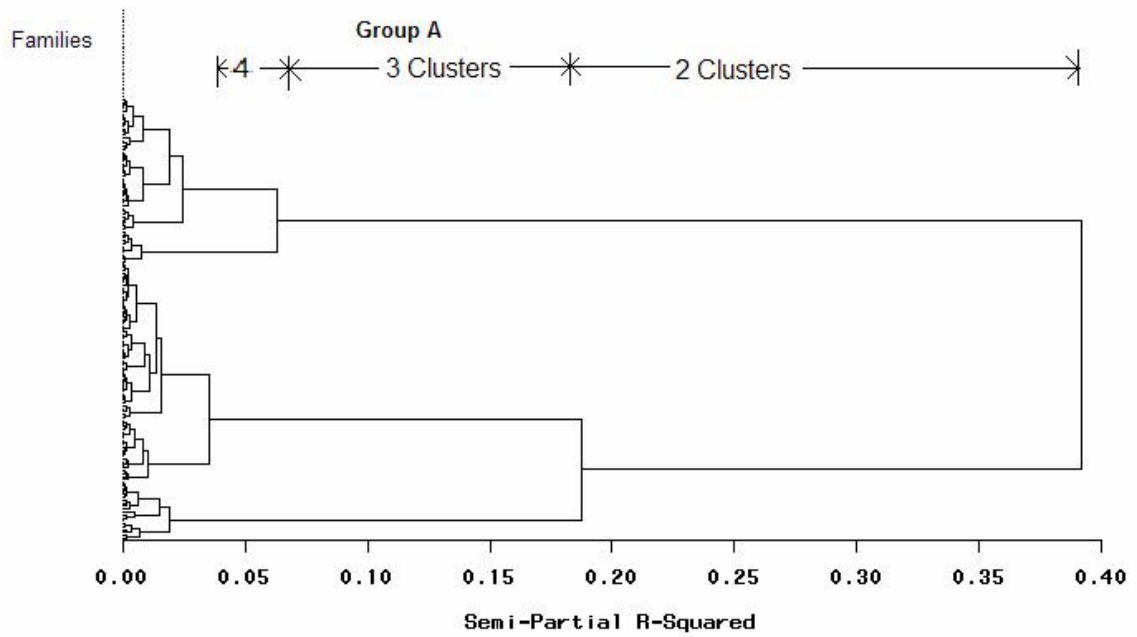


Figure 1. Dendrogram for Cluster Analysis of Group A.

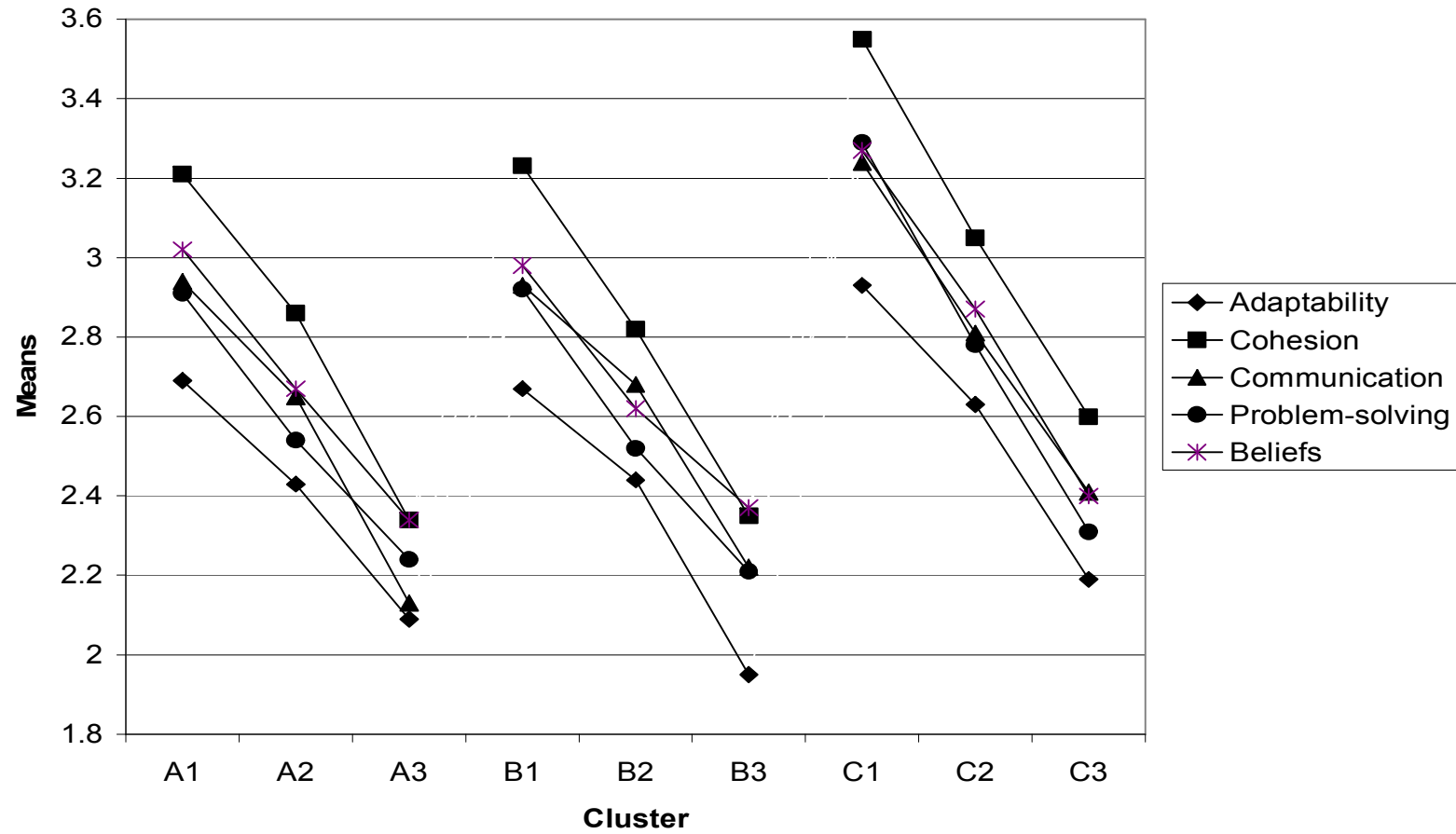


Figure 2. Graphs of Derivation Variable Means by Cluster for Groups A, B, and C.

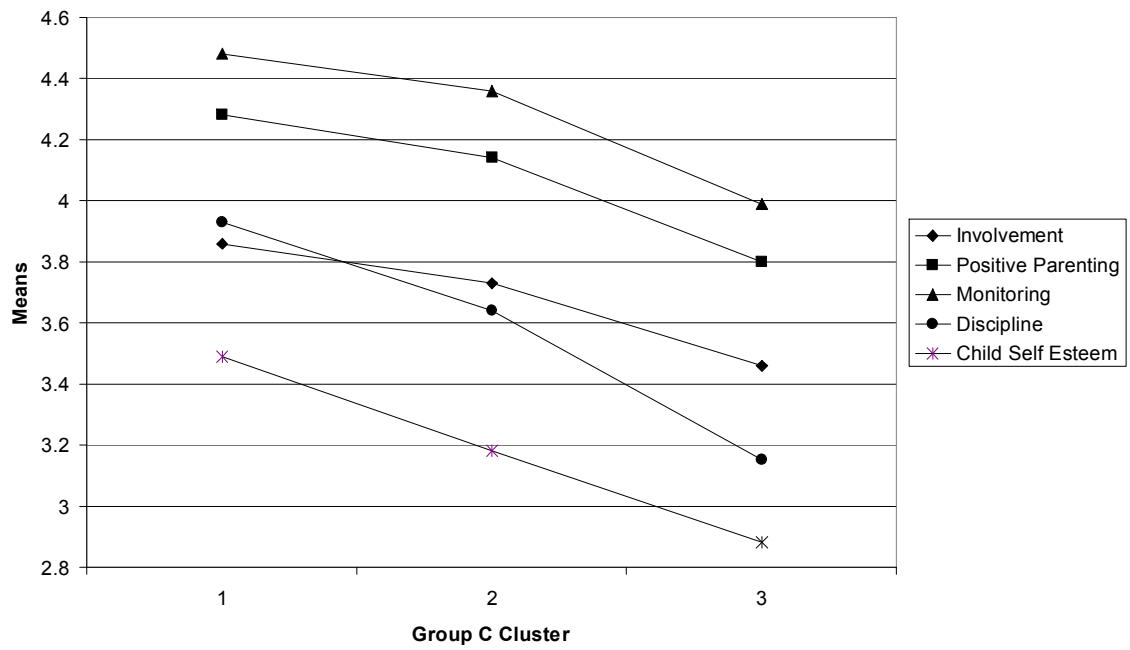


Figure 3. Graph of Parenting and Child Self Esteem Means by Cluster.